



VOLUNTEER APPLICATION

INSTRUCTIONS: This application may be considered for a volunteer position at Kardel Consulting Services. Please complete all sections and email completed document to hadmin@kardel87.com

Office Use Only

PERSONAL INFO	NAME AND ADDRESS OF APPLICANT					
	LAST	FIRST	MIDDLE	PREFERRED FIRST NAME		
	STREET ADDRESS			HOME PHONE		
	CITY OR TOWN	PROVINCE	POSTAL CODE	ALTERNATEPHONE		
	MAILING ADDRESS (IF DIFFERENT)			PRIMARY/HOME EMAIL		
DO YOU HAVE ANY HEALTH CONCERNS THAT MAY IMPACT YOU AS A VOLUNTEER OR POSE A HEALTH RISK TO OTHERS?						
YES NO IF YES, DESCRIBE AND EXPLAIN WORK LIMITATIONS:						
AVAILABILITY INFO	TIMES AVAILABLE::	DAYS	AFTERNOONS/EVENINGS	WEEKENDS	WEEKDAYS	
	ARE YOU CURRENTLY ASSOCIATED WITH ANOTHER VOLUNTEER AGENCY?			YES	NO	IF YES, AGENCY NAME:
	ARE YOU CURRENTLY EMPLOYED?		YES	NO		
	ARE YOU ATTENDING SCHOOL NOW?		YES	NO	COURSE OR AREA OF SCHOOLING	
	VALID DRIVER'S LICENSE?		YES	NO	PROVINCE:	
EXPERIENCE	PLEASE INDICATE ANY PREVIOUS VOLUNTEER EXPERIENCE:					
	<p>GENERAL INFORMATION: THE SPACE BELOW CAN BE USED TO HIGHLIGHT ANY ADDITIONAL INFORMATION PERTAINING TO EMPLOYMENT HISTORY, CAREER OBJECTIVES, OR RELEVANT INTERESTS AND EXPERIENCES YOU FEEL ARE DIRECTLY RELATED TO THE VOLUNTEER POSITION YOU ARE APPLYING FOR. COMPLETION OF THIS SECTION IS VERY HELPFUL IN ASSISTING US TO ASSESS POTENTIAL PLACEMENT.</p>					

REFERENCES	PRACTICUM/VOLUNTEER INFORMATION: PLEASE PROVIDE A MINIMUM OF TWO PEOPLE WHO MAY BE CONTACTED.			
	NAME	TELEPHONE #	RELATIONSHIP	# OF YEARS KNOWN

**FREEDOM OF INFORMATION/PROTECTION OF PRIVACY
PLEASE READ CAREFULLY BEFORE SIGNING:**

As required by the community Care Facilities Act, a Ministry of Justice Criminal Record Check and a negative Tuberculosis Test must be submitted prior to the commencement of volunteer services. Volunteers are required to inform Administration of any criminal charges brought against them while in a volunteer position.

Please note: Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of your application for volunteering.

Date:

Signature of Applicant:

Kardel's Office Location:

209-2951 Tillicum Road, Victoria BC V9A 2A6 Phone 250-382-5959 Fax 250-383-2835

For Office Use Only:

Criminal Record Check: _____

TB test: _____

First Reference: _____

Second Reference: _____

Third Reference: _____

Home/Program: _____